

MANAGE A NERVE AGENT CASUALTY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV

REFERENCES STP 8-68W13-SM-TG, Tasks: 081-833-0083, Treat a Nerve Agent Casualty in the Field; FM 4-02.285; STP 21-1-SMCT.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty in a chemical environment, lying on the ground and wearing a chemical protective overgarment and mask carrier.
Managing a casualty demonstrating the effects of nerve agent exposure will be a challenging experience. As both you and the casualty must assume MOPP 4 posture, assessing the signs and symptoms of nerve agent poisoning and any other wounds that may be present on the integrated battlefield will be difficult. You must continually practice this difficult task under all possible conditions, both day and night.

STANDARDS: Perform all measures IAW FM 4-02.285 and STP 21-1-SMCT. You must score at least 70% (*9 of 12 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low.
- o Environmental: None

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While on a combat patrol, operating in a chemical environment (nerve agent), you encounter a casualty lying on the ground and apparently unresponsive. The casualty is in MOPP 4, wearing an M-40 protective mask and a chemical protective overgarment. You must assess the casualty for injuries and for any signs and symptoms associated with nerve agent poisoning; you have been provided the necessary medical equipment and chemical protective gear.

3. Evaluator's Comments and After-Test Recommendations:

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**MANAGE A NERVE AGENT CASUALTY
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Ensured the casualty was masked. <i>EVALUATOR: The Soldier Medic should not kneel or unnecessarily contact the ground while treating the casualty.</i>						
b. Inspected the casualty for expended autoinjectors.						
c. Assessed the casualty for injuries. <i>EVALUATOR: State "there are no injuries evident" to the Soldier Medic.</i>						
d. Assessed the casualty for signs/symptoms of nerve agent poisoning. <i>EVALUATOR: Prompt the Soldier Medic with the signs/symptoms. If the Soldier Medic fails to provide proper treatment to the casualty, provide progressively moderate or severe signs and symptoms of a deteriorating casualty.</i>						
e. * Administered the antidote to the casualty.						
f. Checked the casualty for effectiveness of treatment.						
g. * Administered additional atropine or CANA if necessary.						
h. * Ensured expended autoinjectors were secured to the casualty's BDO or JSLIST.						
i. Provided assisted ventilation for severely poisoned casualties, if the equipment was available.						
j. Documented the procedure on the appropriate medical form.						
k. Evacuated the casualty.						
l. * Did not kneel or make unnecessary contact with the ground while managing the casualty.						

* CRITICAL ELEMENTS

**MANAGE A NERVE AGENT CASUALTY
GRADING SHEET (cont'd)**

5. Demonstrated Proficiency Yes No

6. Start Time	7. Stop Time	8. Initial Evaluator
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9. Start Time	10. Stop Time	11. Retest Evaluator
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12. Start Time	13. Stop Time	14. Final Evaluator
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15. Remarks

MANAGE A NERVE AGENT CASUALTY EVALUATOR GUIDELINES AND INSTRUCTIONS

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, MOPP level 4 gear (M-40 protective mask and BDO/JSLIST), medical aid bag stocked with a basic load, NAAK or ATNAA autoinjectors, CANA autoinjectors (training aid), FMC.

Additional Scoring Guidelines:

Masked the casualty as required.

- o Instructed the casualty to mask himself/herself if able or
- o Positioned the casualty face up and masked the casualty.

Inspected the casualty for expended autoinjectors.

- o Left upper pocket for the battle dress overgarment (BDO)
- o Left sleeve pocket for the joint service lightweight integrated suit technology (JSLIST)

Assessed the casualty for signs/symptoms of nerve agent poisoning.

EVALUATOR: Prompt the Soldier Medic with the signs/symptoms as listed below. If the Soldier Medic fails to provide proper treatment to the casualty, provide progressively moderate or severe signs and symptoms of a deteriorating casualty.

- o Mild (unexplained runny nose, sudden headache, excessive salivation, difficulty in seeing, tightness in the chest, stomach cramps, nausea (with or without vomiting), tachycardia or bradycardia)
- o Moderate (all or most of the mild symptoms above) plus fatigue, weakness, muscular twitching)
- o Severe (all or most of the mild and moderate symptoms above) plus strange or confused behavior, wheezing, dyspnea and coughing, severely pinpointed pupils, red eyes with tearing, vomiting, severe muscular twitching and general weakness, involuntary urination and defecation, convulsions, unconsciousness, respiratory failure, bradycardia, paralysis)

Administered the antidote to the casualty.

- o Mild symptoms: Administered/instructed the casualty to administer one MARK I NAAK or one ATNAA.
- o Severe symptoms: Administered three MARK I NAAK or three ATNAA autoinjectors and one CANA to the casualty.

Checked the casualty for effectiveness of treatment.

- o Atropinization: heart rate above 90 bpm, reduced bronchial secretions, reduced salivation.
- o Cessation of convulsions.

Administered additional atropine or CANA if necessary.

- o Administered additional atropine at approximately 15 minute intervals until atropinization was achieved.
- o Continued to administer additional atropine at 30 minute to 4 hour intervals to maintain atropinization or until the casualty was evacuated to a medical treatment facility (MTF)
- o Administered a second and, if needed a third CANA at 5-10 minute intervals to casualties suffering seizures.